

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This Declaration is directed to:

☐

The attached application, or

☒

Application No. 10/068,692, filed on February 6, 2002

☐

as amended on \_\_\_\_\_ if applicable);

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I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

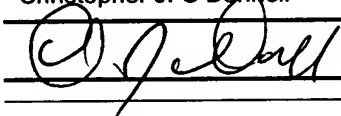
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**Full Name of Inventor(s)**

Inventor 1 Christopher J. O'Donnell

Signature

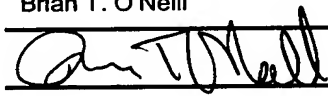


5/13/02

Citizen of US

Inventor 2 Brian T. O'Neill

Signature



5/13/02

Citizen of US

☐ Additional inventors are being named on \_\_\_\_\_

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Applicati n Number	10/068,692
Filing Dat	F bruary 6, 2002
First Nam d Inv nt r	Christoph r J. O'D nnell
Title	PHARMACEUTICAL COMPOSITIONS FOR THE TREATMENT OF FOR THE TREATMENT OF CNS AND OTHER DISORDERS
Group Art Unit	
Examiner Name	
Attorney Docket Number	PC11080A

I hereby appoint:



Practitioners at Customer Number

23913



OR



Practitioners named below:

Name	Registration Number

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name

Brian T. O'Neill

Signature

Date

5-13-02

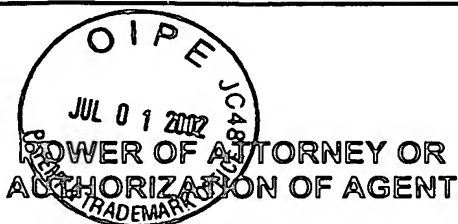
NOTE: Signatures of all the inventors or assigne s of record of th entire int rest or their repres ntative(s) are required. Submit multipl forms if more than one signature is required, see below\*.

☐ \*Total of forms are submitted.

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Application Number	10/068,692
Filing Date	February 6, 2002
First Name and Inventor	Christopher J. O'Donnell
Title	PHARMACEUTICAL COMPOSITIONS FOR THE TREATMENT OF CNS AND OTHER DISORDERS
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	PC11080A

I hereby appoint:

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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## SIGNATURE of Applicant or Assignee of Record

Name

Christopher J. O'Donnell

Signature

Date

  
5/13/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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